## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as maintenance fees in the production of the patent of the pate

09/683_907         01/10/2002         Craig H. Rowland         800584           TITLE OF INVENTION: COMPUTER SECURITY AND MANAGEMENT SYSTEM         800584           APPLN.TYPE         SMALL ENTITY         ISSUEFEE         PUBLICATION FEE         TOTAL FRE(S) DUE         DA           nonprovisional         YES         \$700         \$300         \$1000         O4           EXAMINER         ART UNT         CLASS-SUBCLASS         REVAX, CHRISTOPHER A         2131         726-001000	d with the Uniterial in an envelope reing facsimile ted below.  (Depositor's name)  (Date)  RMATION NO.
BAKER BOTTS LL.P.  2001 ROSS AVENUE SUITE 600 DALLAS, TX 75201-2980  APPLICATION NO. FILING DATE FIRST NAMED INVESTOR ATTORNESS JOSE 69683,507 0/9683,507 0/1/02/002 Craig H. Rowland 80584  TITLE OF INVENTION: COMPUTER SECURITY AND MANAGEMENT SYSTEM  APPLICATION NO. FILING DATE FIRST NAMED INVESTOR ATTORNESS DOSS 4  TITLE OF INVENTION: COMPUTER SECURITY AND MANAGEMENT SYSTEM  APPLICATION SECURITY SECURITY SECURITY AND MANAGEMENT SYSTEM  APPLICATION SECURITY SECURITY SECURITY SECURITY SECURITY SYSTEM  APPLICATION SECURITY SECURITY SECURITY SYSTEM  APPLICATION SECURITY SECURITY SECURITY SYSTEM  APPLICATION SECURITY SECURITY SYSTEM  APPLICATION SECURITY SECURITY SYSTEM  APPLICATION SECURITY S	d with the Uniterial in an envelope reing facsimile ted below.  (Depositor's name)  (Date)  RMATION NO.
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1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list  CFR   .363 .  Polyon Potential	
Chrk 1.3-5).  Change of correspondence address (or Change of Correspondence of agents OR, alternatively, Address form PTO/SBI 122) attached.  (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (3) the names of up to 3 registered patient attorneys or agents OR, alternatively, (4) the names of up to 3 registered patient attorneys or agents OR, alternatively, (4) the names of up to 3 registered patient attorneys or agents OR, alternatively, (4) the names of up to 3 registered patient attorneys or agents OR, alternatively, (4) the names of up to 3 registered patient attorneys or agents OR, alternativ	3 L.L.P.
Address form PTO/SB/122) attached.	
The Address' indication (or "Fee Address' Indication form proving 14 and 15 and	
Number is required.	
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document by recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	as been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	
Cisco Technology, Inc. San Jose, California	
Please check the appropriate assignee category or categories (will not be printed on the patent):	По
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):	Government
☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed.	
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.	
	overnovment to
Advance Order - # of Copies	form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(g)	(2)
The Director of the USPTO is requested to apply the Issue Ive and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identify NOTE: The Issue Fee and Publication Fee (if require the application identify any or to re-apply any previously paid issue fee to the application identify any or to re-apply any previously paid issue fee to the application identify any or to re-apply any previously paid issue fee to the application identified in the application of the application identified in the application of the application is application of the application is applied to the application of the application is applied to the application of the application is applied to the applied to the application is applied to the	fied above. or other party in
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